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## BIB DATA SHEET

CONFIRMATION NO. 9463

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/646,268	08/22/2003	514	1644	1094-1-028DIV		
<b>RULE</b>						
<b>APPLICANTS</b> Mark Marchionni, Arlington, MA; Ralph Kelly, Chestnut Hill, MA; Beverly Lorell, Needham, MA; Douglas B. Sawyer, Brookline, MA;						
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/298,121 04/23/1999 PAT 6,635,249						
<b>** FOREIGN APPLICATIONS *****</b>						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 01/21/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /SHARON X WEN/ Acknowledged Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWINGS</b> 12	<b>TOTAL CLAIMS</b> 16	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> KLAUBER & JACKSON 411 HACKENSACK AVENUE HACKENSACK, NJ 07601						
<b>TITLE</b> METHODS FOR TREATING CONGESTIVE HEART FAILURE						
<b>FILING FEE RECEIVED</b> 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		